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CONFIRMATION NO. 1496

<b>SERIAL NUMBER</b> 10/780,806	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 200477.00002
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## APPLICANTS

Jacob Zabara, Miami Beach, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/533,656 12/30/2003 *SL*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/10/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 78	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>SL</i> Initials			

## ADDRESS

21324

## TITLE

Systems and methods for therapeutically treating neuro-psychiatric disorders and other illnesses

<b>FILING FEE RECEIVED</b> 907	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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